

Consumer Directed Care Research Project

Operational Protocol

100 INTRODUCTION

The State of Florida will implement the Consumer Directed Care Research Project under an 1115 Medicaid waiver granted by the Health Care Financing Administration. The research project will be administered by the Department of Elder Affairs under the guidance of an interdepartmental workgroup which includes representatives from the Department of Elder Affairs, the Department of Children and Families' Developmental Services and Adult Services programs, the Department of Labor and Employment Security's Brain and Spinal Cord Injury Program, and the Agency for Health Care Administration, the state Medicaid agency. Each participating agency or department has assigned at least one representative to the workgroup. Design of the project and plans for implementation have been developed by the Consumer Directed Care interdepartmental workgroup.

Management and oversight responsibilities are assigned primarily to the Consumer Directed Care project director and the Consumer Directed Care project manager, under the supervision of the division director for long-term care policy at the Department of Elder Affairs. The interdepartmental workgroup will continue to meet for the duration of the project to provide oversight and management assistance to the project director.

The purpose of the project is to test the feasibility of allowing consumers to direct their own care and to control the budget allocated for their long term care needs. Consumers will make decisions about what type of services, equipment or other purchases will best meet their needs. Consumers will also choose their service providers, which may include independent workers, family, friends or traditional home care agencies. Consumers will be the employer of record for all directly hired workers. The anticipated outcomes of the project include: increased consumer autonomy and satisfaction with services, and an increase in the amount of long-term care services at no additional cost to the state.

There will be a one year enrollment period for eligible consumers to submit an application to participate in the project. A maximum of 6,000 applications will be accepted. One half of the applicants will be randomly assigned to the control group and will receive Aged and Disabled, Developmental Services, or Traumatic Brain Injury home and community-based Medicaid waiver services arranged and managed by a case manager or support coordinator. One half of the applicants will be randomly assigned to the experimental group and enrolled in the Consumer Directed Care 1115 waiver. Consumer Directed Care experimental group participants will direct their own care and manage the budget allocated for their care needs with minimal assistance. They will be guaranteed a minimum of two years and maximum of three years participation in this research project.

The state will provide two distinct support services to enable consumers in the experimental group to assume care management responsibilities: consultant and bookkeeping services. The consultant will train, coach, and provide technical assistance to consumers, as needed. The training and technical assistance will help consumers to use the budget correctly and avoid overspending. The project bookkeeper will provide assistance to consumers with paying their employees and ensuring they comply with state and federal employment-related tax laws. The bookkeeper will also provide a fiscal conduit service by obtaining funds for consumer budgets from the state and making them available to consumers.

200 ELIGIBILITY

There are two types of eligibility for participation in the 1115 Medicaid waiver; functional and financial. Functional eligibility refers to the consumer's level of impairment being adequate to justify providing services in the community as an alternative to institutional placement.

Financial eligibility refers to the consumer's level of financial resources qualifying him/her for assistance from the Medicaid program to pay for home and community services as an alternative to institutional placement.

Functional eligibility criteria for each of the participating target populations will be the same as the home and community-based Medicaid waiver program from which consumers were referred.

The functional criteria for frail elders and adults with physical disabilities require nursing home level of care. The functional criteria for children and adults with developmental disabilities require Institutional Care Facility/Developmentally Disabled (ICF/DD) level of care.

Financial eligibility criteria require all participants in the project to meet the income test for Florida's Institutional Care Program which is 300% of the SSI Federal Benefit Rate (FBR). Financial eligibility for all populations is reassessed annually by the Office of Economic Self Sufficiency, Department of Children and Families.

300 TARGET POPULATIONS FOR ENROLLMENT

For the first two years of the Consumer Directed Care Research Project, enrollment is capped for each participating population. The following populations are eligible to apply to the Consumer Directed Care project:

- Frail Elders: Up to 2500 consumers, 65 years of age and older, qualified for the 1915(c) Aged and Disabled Medicaid Waiver services are eligible. Half will be randomly assigned to the experimental group. As many as 500 elders will be new Medicaid waiver recipients.
- Adults with Physical Disabilities: Up to 550 consumers, 18 to 64 years old, qualified for the 1915(c) Aged and Disabled Medicaid Waiver Services are eligible. This includes 100 eligible adults in the Brain and Spinal Cord Injury Program. Half will be randomly assigned to the experimental group. As many as 150 physically disabled adults will be new Medicaid waiver recipients.
- Adults with Developmental Disabilities: Up to 1200 consumers, 18 to 64 years old, qualified for the Developmental Services Home and Community Based Services 1915(c) Waiver are eligible. Half will be randomly assigned to the experimental group. As many as 350 developmentally disabled adults will be new Medicaid waiver recipients.
- Children with Developmental Disabilities: Up to 1750 consumers, 3 to 17 years old, qualified for the Developmental Services Home and Community Based Services 1915 (C) waiver are eligible. Half will be randomly assigned to the experimental group.

As many as 500 children will be new Medicaid waiver recipients.

All participants have the option of choosing a representative decision maker (caregiver, family member, or friend) to assist them with budget and care management responsibilities. The parents or guardians of children with developmental disabilities will assume responsibility for managing the budget and care on their behalf.

400 PROPOSED AREAS FOR IMPLEMENTATION

The project will be offered throughout the State of Florida for participants who are children with developmental disabilities. The project will be offered to adults with developmental disabilities in the following counties: Calhoun, Franklin, Jefferson, Liberty, Madison, Taylor, Holmes, Jackson, Washington, Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union, DeSoto, Glades, Hendry, Flagler, Volusia, Citrus, Hernando, Lake, Sumter, Marion, Hardee, Highlands, Indian River and Monroe. Due to children with developmental disabilities being served on a statewide basis, the Developmental Disabilities Program currently has the infrastructure to accommodate adults with developmental disabilities being served in the aforementioned counties. Consultants have been trained statewide to provide consultant services

Eligibility for elders is currently limited to the geographic areas selected for the Consumer Directed Care Research Project. The research project will be offered in 19 central and south Florida counties for elder participants. These counties were selected based upon the availability of an infrastructure to support consultant services, the number of eligible consumers in each county and compatibility for all agencies participating in the project. The selected counties are Brevard, Broward, Charlotte, Collier, Dade, Hillsborough, Lee, Manatee, Martin, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole and St. Lucie counties.

The chart on Page 4 demonstrates counties Consumer Directed Care is operational in for the Department of Elder Affairs, the Department of Health, Brain and Spinal Cord Injury Program and Department of Children and Families, Adult Services.

The chart on Page 5 demonstrates counties Consumer Directed Care is operational in for children with developmental disabilities and the proposed areas for adults with developmental disabilities.

County	Department of Elder Affairs Planning and Service Area	Department of Health Brain and Spinal Cord Injury Program District	Department of Children and Families Adult Services
Pasco Pinellas	PSA 5	District 4	District 5
Hillsborough Manatee Polk	PSA 6	District 4	District 6 District 14
Brevard Orange Osceola Seminole	PSA 7	District 5	District 7
Charlotte Collier Lee Sarasota	PSA 8	District 7	District 8
Palm Beach Martin Okeechobee St. Lucie	PSA 9	District 6	District 9 District 15
Broward	PSA 10	District 6	District 10
Dade	PSA 11	District 8	District 11

Geographic Areas for Expansion

County	Adults		Children	
District 1			Escambia Okaloosa	Santa Rosa Walton
District 2	Calhoun Franklin Holmes Jackson Washington	Jefferson Liberty Madison Taylor	Bay Calhoun Franklin Gadsden Gulf Holmes Jackson Washington	Jefferson Leon Liberty Madison Taylor Wakulla
District 3	Alachua Bradford Columbia Dixie Gilchrist Hamilton	Lafayette Levy Putnam Suwannee Union	Alachua Bradford Columbia Dixie Gilchrist Hamilton	Lafayette Levy Putnam Suwannee Union
District 4			Baker Clay Duval	Nassua St. Johns
District 5	Pasco Pinellas		Pasco Pinellas	
District 6	Hillsborough Manatee		Hillsborough Manatee	
District 7	Brevard Orange	Osceola Seminole	Brevard Orange	Osceola Seminole
District 8	Charlotte Collier DeSoto Glades	Hendry Lee Sarasota	Charlotte Collier DeSoto Glades	Hendry Lee Sarasota
District 9	Palm Beach		Palm Beach	
District 10	Broward		Broward	
District 11	Dade	Monroe	Dade	Monroe
District 12	Flagler	Volusia	Flagler	Volusia
District 13	Citrus Hernando Lake	Marion Sumter	Citrus Hernando Lake	Marion Sumter
District 14	Hardee Highland Polk		Hardee Highlands Polk	
District 15	Martin Okeechobee St. Lucie Indian River		Indian River Martin Okeechobee St. Lucie	

The purpose of the outreach process is to ensure that all eligible consumers located in the implementation areas have the opportunity to receive information about the Consumer Directed Care Project. The process will begin by making the project brochure available to eligible consumers. Consumers will continue to receive educational information which is increasingly detailed until they decide they have enough information to make an informed choice about participation in the project. Interested consumers will submit an application to the project and will be randomized and assigned to either the control group or the experimental group of the project.

510 Outreach

All consumers who are eligible to apply for the project and are currently receiving Medicaid waiver services will receive a project brochure from their traditional case manager or support coordinator at the time of re-assessment. The brochure will be accompanied by a letter from the head of the state agency responsible for providing services for the appropriate population. New consumers will receive the project brochure and state letter after Medicaid waiver eligibility has been formally determined.

Consumers will have at least one opportunity to receive the project brochure during the enrollment year. After receiving the brochure, there are two ways for consumers or representatives to get more information about the project. First, consumers who are interested and anxious to learn more after reading the brochure can return the detachable postcard (postage paid) to project staff. Project staff will forward the names and phone numbers of consumers returning the postcards to local consultant agencies for immediate follow-up. Second, consultants will send an educational mailing of program information to all consumers who are given a project brochure. The educational mailing includes a cover letter, a Question & Answer document and a self-screen document. The purpose of the educational mailing is to help consumers decide if they are interested in the project and capable of taking on the responsibilities for managing their care and budget. Consultants will call all consumers to verify receipt of educational information, answer questions, and schedule enrollment visits. Consultants will have copies of the project video, “The Choice Is Yours”, available for use.

If, during the project enrollment period, the state determines that the number of consumers enrolled in the project to date does not meet expectations, a direct mailing of the project brochure to current waiver clients will be done. Additional outreach activities will be considered.

520 Provisions for Enrollment

The enrollment visit will provide an opportunity for consumers and interested family members to have a face to face, in-depth explanation of the project and ask more questions. During the enrollment visit, consultants will inform consumers of the budget amount they will receive if randomized to the experimental group. Consultants will make sure consumers have a thorough understanding of the randomization process, their role in the research evaluation, responsibilities related to spending public funds, and responsibilities as the employer of record. Consumers may

submit an application at the enrollment visit. If consumers are not ready to apply at the end of

the visit, they may wait to submit the application. Applications will be accepted anytime after the enrollment visit has taken place, as long as the enrollment period has not ended. A project consent form, signed by the consumer or representative, must accompany the application.

Applications will be forwarded by consultants to project staff on an on-going basis. Project staff will scan application information into the master file system (see attachment 1) and forward an electronic file of consumer application information to Mathematica Policy Research, Inc. weekly. Mathematica will contact consumers, or their representatives, to perform the baseline survey interview. After the baseline interview is completed, consumers will be randomly assigned to a control group or an experimental group.

Mathematica will inform project staff of the random assignments and project staff will inform consultants. Consultants will be notified of consumer assignment to the control or experimental group by project staff through reports generated by the master file system. Weekly reports will indicate which consumers have been randomly assigned to the control group, the experimental group, or not assigned to either group because the baseline survey has not been completed in time for randomization. Project staff will send consumers written notification of their assignment. Consultants will also call consumers/representatives to inform them of their assignment to either the control or experimental group.

Enrollment forms will be generated and sent from project staff to consultants for all consumers who were assigned to the experimental group. The enrollment form provides a mechanism for consultants to notify project staff of the start date for the consumers' first budget. The form also serves as a checklist and documentation of the completion of consultant responsibilities, such as providing training and approving the purchasing plan. Once all consumer and consultant responsibilities have been completed, consultants enter the budget start date on the enrollment forms and return them to project staff. Project staff enter the budget start date in the Consumer Directed Care database which will generate the authorization for the state to disburse the first monthly budget to the project bookkeeper.

600 ENROLLEE EDUCATION

A mandatory training session will be provided to all consumers who are randomized into the experimental group. Consultants will provide training either in a small group or individually. Major topics will include: understanding the project, understanding the role of consumers and consultants, using the consultant and bookkeeping services, being an employer, designing a purchasing plan, and selecting service providers. Consumers will receive a resource manual to provide additional information as an adjunct to the mandatory training. An outline of the consumer resource manual is included as Attachment 2.

Consumers will receive pre-training materials prior to the mandatory training session to help them make the best use of their training time. Pre-training materials will give consumers an over-view of project responsibilities, self-assessment of skills, and assistance in examining their current services and evaluating their preferences.

Consultants will schedule training sessions and ensure the enrollment process progresses in a timely manner. Training of experimental group members will occur as soon after random

assignment notification as possible. The mandatory training must be completed by consumers or their representatives before the first monthly Consumer Directed Care budget is disbursed. After training is completed, consumers have several tasks to accomplish before receiving their first Consumer Directed Care budget. These tasks include identifying their long-term care needs, deciding which purchases they would like to make with their Consumer Directed Care budget, finding and selecting workers, and identifying providers for other purchases, completing the fiscal intermediary employee forms packet for their workers, developing a back-up plan for emergency services, and receiving approval for their purchasing plan from their consultant.

700 PURCHASING PLAN

Consumers and/or representatives must develop a purchasing plan to specify how the Consumer Directed Care budget will be used to meet their long-term care needs. The purchasing plan will document services to be obtained from directly hired workers, community agencies and/or independent contractors. The plan will include service(s) or purchase(s), name of the worker or provider, cost of the service or purchase, applicable taxes, number of hours and total costs. The purchases must benefit the consumer and address long-term care needs. Purchasing plans must include an emergency back-up plan. Consumers may accumulate funds to make special purchases such as adaptive equipment or environmental adaptations. During the mandatory training, consumers will be informed they may spend less than the total monthly budget. These unspent funds may be saved for large purchases or unanticipated future needs.

Consultants review and approve purchasing plans to ensure purchases are related to the consumers' long-term care needs and assess the adequacy of the emergency back-up plan. The review of the proposed purchasing plan to meet long-term care needs serves as the consultants' assessment of consumer/representative ability to assume care management responsibilities. Consultants will provide technical assistance, if needed, as the consumers and/or representatives are writing the purchasing plan. Consultants must approve the purchasing plan before the first monthly budget is authorized.

Once the purchasing plan is approved by their consultant, consumers' purchases may deviate from the plan as long as the new purchases are clearly related to the original need. This will allow flexibility if consumers discover new or more creative ways to meet their needs. Consumers may accumulate funds as long as there is a designated purpose for use of the funds. The accumulated funds can be used for large purchases such as installation of safety rails, access ramps or grab bars, or widening doorways to accommodate wheelchairs. Consumers must obtain prior approval from the consultant for special purchases using accumulated funds.

800 PAYMENT METHODOLOGY

Expenditure Data Method: Existing waiver clients who participate in the Consumer Directed Care Research Project will receive a budget which is based on prior expenditures. Consultants will have access to historical claims information which is updated monthly. The expenditures for the twelve months prior to enrollment will determine the annual budget. If a consumer has not been enrolled in a waiver for twelve months, the expenditures from the available months will be used to determine the budget. At least six months of expenditure data must be used to calculate a budget amount. When less than six months of data is available, consultants will use the care plan or support plan method for determining the budget amount.

The expenditure data method will be utilized for adults with physical disabilities and elders who have not had substantial changes made to their care plans prior to the start of the project.

Care Plan/Support Plan Method: For “new” consumers (consumers who have received waiver services for six months or less), the budget amount will be based on the value of the services authorized in the care plan or support plan. The value of the authorized services will be adjusted to accurately reflect the amount that would be spent on services in the Medicaid waiver Home and Community-Based Services program. An extensive discount analysis was conducted to determine what percentage of dollars authorized in a Medicaid waiver care plan or support plan is actually spent in each program. For example, on average 89% of the dollars authorized in a Medicaid waiver care plan for an elder is actually expended. An elder who has received waiver services for less than six months, would receive an annual budget equal to 89% of the value of the services in his/her current care plan. During the enrollment visit, consumers will be told the exact budget amount they would receive if randomized to the experimental group. Consumers will not be able to negotiate a budget amount with consultants.

Care Plan/Support Plan Method for Developmental Services Consumers:

All individuals receiving services from the Developmental Services Waiver Program will have their support plan and cost plan reviewed and revised as appropriate, providing access to increased funding appropriated by the 1999 Florida Legislature. Their budgets will be determined using the care plan method. This will ensure budget neutrality and equity for both the control group and the experimental group.

Care Plan Method for Adult Services Consumers and Elder Consumers:

Elders and adults with physical disabilities who have had substantial changes made to the value of their care plan before their enrollment will have their budgets determined using the “care plan method” described above. The Consumer Directed Care database will track which method is used for each consumer.

This will ensure equity for experimental and control group members.

The Consumer Directed Care Research Project will offer experimental group consumers the

same opportunity to have adjustments made to the level of support provided (either temporarily or permanently) as the control group. Adjustments will only be made in response to significant changes in needs. Consumers may call to inform the consultant of significant changes in level of care needs or other significant changes such as loss of caregiver. Or, a consultant may identify changes which would warrant an adjustment to the monthly budget amount. Changes in the budget will be granted to obtain more support when the health or safety of the consumer is at risk.

830 Release of the Budget to Consumers

The budget will be made available to consumers on a monthly basis. The first monthly budget will not be released to consumers until the consultant has notified project staff the consumer has completed all necessary tasks and paperwork. Consumers and consultants will work together to determine the budget start date. Traditional Medicaid waiver home and community-based services will be disallowed effective on the date the Consumer Directed Care budget begins.

An invoice will be generated from the Consumer Directed Care database at or near the end of the month. The invoice will authorize payment for the sum of the budgets for all Consumer Directed Care consumers for the upcoming month. The state will transfer the total amount of the invoice to the project bookkeeper and will include documentation of each consumer's unique budget amount. The project bookkeeper will electronically track expenditures and cash requests separately for each consumer. For consumers who wish to assume responsibility for performing payroll, check writing and employer tax functions, the monthly budget will be transferred from the project bookkeeper to the consumer's dedicated bank account at the beginning of each month.

840 Accessing the Budget

Consumers who use the full range of bookkeeping services may access their budget in one of three ways: payroll, invoices, or cash requests. Payroll checks will be generated from consumers' funds by the bookkeeper when a time sheet(s) is submitted by consumers. Payroll checks will be forwarded to consumers for distribution to their employees. Invoices sent to consumers by service providers for contractual services will be approved by consumers and forwarded to the project bookkeeper for payment. Payment for contractual services will be sent directly to the contract provider by the project bookkeeper. Consumers will be able to request that limited amounts of their budget (cash) be sent directly to them either on a monthly basis or an as needed basis. Requests for cash will be submitted by the consumer to the project bookkeeper in writing.

Consumers who do not use the project bookkeeper for their payroll and employer related tax responsibilities will receive the monthly budget from the project bookkeeper at the beginning of each month. Consumers who receive the budget amount in lump sum must have a dedicated bank account and may not co-mingle Consumer Directed Care funds with personal funds.

900 CONTINUING EDUCATION

Consultants will encourage continuing education for consumers through attendance at peer support groups, sharing information with other participants, reading the project newsletter,

attending other training workshops in their community on related topics, and calling the consultant to discuss ideas or ask questions as consumers gain experience and are exposed to new information.

Consultants will make consumers aware of educational opportunities offered by their local Center for Independent Living during training. Centers for Independent Living offer a wide variety of educational workshops and peer support groups at no charge. The project newsletter will be published by project staff on a quarterly basis and mailed to consumers enrolled in the experimental group. The newsletter will also be sent to consultants, Centers for Independent Living, Area Agencies on Aging, district offices, and other interested parties upon request. The project newsletter will allow consumers, consultants, the project bookkeeper, and project staff to share information about successes and challenges they are experiencing.

1000 DIS-ENROLLMENT AND SUSPENSION OF THE BUDGET

Dis-enrollment may be initiated by consumers, representatives, or consultants. Reasons for dis-enrollment include: consumer moved out of project area, permanent long-term care facility admission, loss of Medicaid eligibility, loss of waiver eligibility, no longer requires waiver services, representative not available, death of consumer, consumer no longer desires to direct own care, and mismanagement of budget. Mismanagement of budget includes non-payment of workers, non-payment for other services rendered, non-payment of taxes, over-spending budget, use of budget for unapproved items, or consumer involvement in situations of fraud, abuse, or exploitation. In most cases, consultants will offer consumers help in rectifying a situation in which the budget is mis-managed. If the situation cannot be rectified or persists, consumers will be dis-enrolled from the project.

A change form will be completed by consultants and forwarded to project staff to dis-enroll consumers and permanently stop a budget. Dis-enrollment will be effective on the day the change form indicates. Consultant determination of the dis-enrollment effective date will ensure a smooth transition from the Consumer Directed Care Research Project to the Medicaid waiver HCBS program. In most cases, the effective date will be the first day of the following month. In some cases, however, the change will be effective immediately.

In some cases, the Consumer Directed Care Project budget will be temporarily suspended. Consumers who are residing in a facility to receive short-term rehabilitative services at the beginning of the month when Consumer Directed Care budgets are disbursed, will have their budgets temporarily suspended. In this case, one month of advance budget for the consumers will be disbursed to the bookkeeper in anticipation of the consumers' return to the community. This will enable the bookkeeper to immediately provide funds to consumers when they return and avoid delays when they resume directing their care. Monthly disbursement of the Consumer Directed Care budget will resume at the first of the month following the consumer's return to the community. Consumers will be trained to inform their consultant of their rehabilitation facility admissions. Consultants or the state Medicaid agency may notify project staff to suspend the budget. Consultants will notify project staff to reinstate the budget when consumers return home. Budgets of consumers who have short-term hospital stays during their participation in the Consumer Directed Care project will not be suspended.

1100 STATE ARRANGEMENTS WITH PROVIDERS OF SUPPORT SERVICES

1110 Arrangements with Consultant Providers

Consultant services for Developmental Services consumers will be provided by support coordinators trained to assume the consultant role and responsibilities. All support coordinators who have attended Consumer Directed Care training are eligible to provide consultant services for the project. This will preserve, to the greatest extent possible, the Developmental Services consumers' ability to select the consultant of their choice.

Consultant services for elders and the majority of adults with physical disabilities will be provided by lead agency case management providers for the Department of Elder Affairs and Department of Children and Families' Adult Services program. Consultant services for Department of Labor and Employment Security consumers with brain and spinal cord injuries will be provided by state employee case managers.

The Department of Elder Affairs project staff will provide training for all consultant providers to prepare them for their role and responsibilities in the Consumer Directed Care Research Project.

Consultants will have the primary role in outreach and enrollment activities, as well as an important supporting role in the self-selection process for consumers and representatives. Consultants will be responsible for teaching consumers care management and budget management skills, responding to requests for information or assistance, providing an adequate level of support, and identifying potential problems.

Project staff have been meeting with consultant provider agencies to integrate the Consumer Directed Care Project with the infra structure of the current service delivery system. A uniform curriculum will be used to train all project consultants. Using the current infra structure and providing specialized training will insure that consumers will have consultants with specialized skills for their unique population and that the project will be implemented uniformly for all populations participating in the project.

Consultant service providers will be monitored for compliance with project standards as outlined in the Quality Management Plan. The project newsletter will be used to provide continuing education, support and networking opportunities for consultants, networking opportunities with other consultants, and an opportunity to communicate quality improvement ideas.

1120 Arrangements with Bookkeeping Service Provider

The Department of Elder Affairs will use the Invitation To Negotiate (ITN) process to select one statewide vendor to provide bookkeeping services (fiscal intermediary services) to project consumers. The ITN is a process which may be used when the services sought by the state can be provided in several ways and when proposals may include innovative approaches that may

differ from what the state has requested. The ITN process allows for alternatives to be considered and offers the advantage of allowing fees to be negotiated with vendors. A copy of the ITN is included as Attachment 3. The ITN process will be completed and the contract with the vendor will be signed prior to enrolling consumers in the project.

The objective of this bookkeeping service is to provide assistance to consumers in paying their employees and insure consumers comply with state and federal employment-related tax laws. Consumers will pay for the bookkeeping service out of their Consumer Directed Care budgets. The project bookkeeper will offer two levels of service from which consumers may choose. The first level is a full range of bookkeeping services which includes generating payroll, writing checks, calculating and remitting taxes, reconciling consumer accounts and producing monthly reports for the consumer and the consultant detailing the use of the budget. The project bookkeeper will act as an agent of the consumer for the limited purpose of managing federal and state employment-related taxes.

The second level of bookkeeping services is for consumers who have selected the option of performing payroll, tax filing and depositing, and check writing functions themselves, with minimal assistance from the bookkeeper. Consumers who choose this option will send copies of bank statements and ledgers detailing budget expenditures to the bookkeeper monthly. The project bookkeeper will enter ledger information into their data tracking system and produce monthly reports on the use of the funds for consumers and consultants. This minimal bookkeeping service will also include a monthly transfer of funds from the state, through the project bookkeeper, to consumers' bank accounts dedicated for Consumer Directed Care funds and a desk review of consumers' tax information to verify correct and timely tax management. The project bookkeeper will be monitored for programmatic and financial performance. Annual audits of financial performance will be required (see Quality Management Plan.)

1200 DATA MANAGEMENT

The Department of Elder Affairs is developing a data base to manage all of the information required for effective operation of the Consumer Directed Care Research Project. The data base will contain application information for all consumers, randomization date, assignment to control group or experimental group, participation start date, Consumer Directed Care Research Project dis-enrollment date, reason for dis-enrollment including loss of eligibility for Medicaid Home and Community Based Services, whether applicant is a new or current Medicaid waiver consumer, aggregate monthly enrollment totals for both the control group and the experimental group, and total monthly and quarterly budget amounts for all experimental group consumers. Claims payment amounts for control group members will be obtained from the Florida Medicaid Management Information system for inclusion in quarterly reports to the federal Health Care Financing Administration. Attachment 1 provides a detailed overview of the database design, application information, registry of consultant providers and Consumer Directed Care reports and forms.

The project director, Kerry Schoolfield, and the project manager, Andree Aubrey, are responsible for the accuracy of the database information. These individuals may be reached at the department of Elder Affairs, (850) 414-2000 and will be available on demand to properly authorized Health Care Financing and Social Security Administration officials to provide beneficiary participation data when requested.

1300 PHASE-DOWN PLAN

Twelve months after the Consumer Directed Care Project begins, project staff will evaluate outcomes to date. This will be accomplished by using information obtained in quarterly progress reports, HCFA 64's and information available to date from Mathematica Policy Research, Inc. If outcomes are favorable, staff will begin a planning process to have a permanent consumer-directed option in Home and Community Based Services waivers in Florida. A highly coordinated effort between the Department of Elder Affairs and the Agency for Health Care Administration to research Federal regulations will be conducted. If successful, individuals in the Consumer Directed Care experimental group will be moved to a permanent waiver program after participation in the research project. Members of the Consumer Directed Care control group would also be given priority to enroll in a permanent consumer-directed option.

In the absence of this possibility, the following process will be implemented. Twenty-four months after the project begins, project staff will send written guidelines to consultant agencies, which includes notification to consumers, for the phase-down process. Project staff will meet with consultant agency staff and approve the specific process to be used by each agency to assure a smooth and timely transition for consumers. Project staff will provide training for this activity if needed.

Consumers will be dis-enrolled from the Consumer Directed Care 1115 waiver and enrolled in the 1915 C Medicaid waiver program in the same order in which they joined the project. This process will guarantee that all consumers will be able to direct their own care for a minimum of two years.

At the beginning of the 22nd month of an experimental group member's participation (or three months before the end of the demonstration project, whichever comes first), the consultant will contact the case management or support coordination agency for the 1915 C Medicaid waiver program from which the consumer was originally referred to arrange for a transfer to the 1915 C Medicaid waiver program.

This Phase Down Plan is written to provide a broad concept of the ideas and time frames for transitioning from the research and demonstration project to a permanent option. The Phase Down Plan/Process will require a detailed procedure for developing a permanent Medicaid Consumer Directed Care option if it is determined this is feasible and a detailed plan for dis-enrollment into the 1915 C waiver if that is the case. These detailed procedures will be developed as we monitor and evaluate the project during the first year of implementation. Recommendations for transitioning will also be solicited from the Inter-departmental Workgroup and Technical Advisory Group.

1400 Quality Assurance

(See Quality Management Plan)

1500 Confidentiality

The confidentiality of all participant records and transactions in accordance with federal and state laws and regulations is assured. No information regarding specific participants/representatives will be disclosed directly or indirectly except for the purposes directly connected with the operations of this project. The consent form consumers will sign during the enrollment visit will specify all confidential information which shall be disclosed for the research evaluation.

The security procedures for the database system for the research project is designed so that all users of the database will be assigned a logon name and a password, along with a level of security. The levels of security range from “0” being the lowest level to “9” the highest level. There are twelve items in the database security setting that could be considered high risk items. Such as consumer information, agency and consultant information, data received from MPR. These are items that can be modified, deleted, or viewed by a user. Under the discretion of the project manager, project staff will or can be assigned certain levels of security or admittance to modify, view, or delete certain information. The person will only be one person with the highest level of security clearance. The database also has an “event viewer” which will track who and when a user has accessed the system.

1600 Retention of Records

Unless stated otherwise, all Consumer Directed Care participant files must be maintained for a period of five years from the end of the research project or until all audit questions, appeal hearings, investigations or court cases are resolved, whichever is longer. The records must be made available to project staff, and where appropriate authorized representatives of the Department of Children and Families, Department of Labor and Employment Security, Agency for Healthcare Administration, Department of Health and Human Services, and Mathematica Policy Research, the evaluator of the demonstration project.

1700 Data Collection and Coordination

Florida will participate in an extensive evaluation of the effectiveness of the four state “Cash and Counseling” programs implemented under an 1115 research and demonstration waiver. The data for the evaluation will be collected from five sources: (1) Medicaid claims and enrollment data for demonstration participants and for all 1915(c) waiver program participants; (2) demonstration enrollment records; (3) dis-enrollment records; (4) data from the fiscal intermediary and consultant agencies; and (5) identification of experimental group members living in households receiving food stamps.

1. Medicaid Claims and Medicaid Enrollment Data

Two years of Medicaid data is needed by Mathematica Policy Research (MPR) to assess program flows. This data will include all 1915(c) waiver program clients statewide. Medicaid claims and enrollment data will be collected for all the participants completing the baseline interview, for demonstration participants who are not part of the survey sample, and all 1915 (c) waiver program clients statewide.

a. Claims data will be collected from the state fiscal agent for the two years preceding and two years following the startup of the research project. The claims data will be used

to measure home care cost for participants and nonparticipants and medical cost covered by Medicaid for participants. The state will forward this information to MPR beginning in January 2000.

b. For the year prior to and the year following random assignment, Medicaid enrollment data for research project participants will be collected from the state fiscal agent and forwarded to MPR. This information will be used to assess spending trends and uses of budget.

2. Enrollment Records

The project analyst will electronically send enrollment data each Wednesday to MPR for all consumers who have completed a Consumer Directed Care Research Project application. The data will be scanned into the project database and batched to MPR. The data will consist of all items on the enrollment application. The application includes the data required by MPR to proceed with the baseline survey and random assignment.

3. Dis-enrollment Record

Project staff will be notified by consultants or by the Agency for Health Care Administration of all dis-enrollments and the reason for dis-enrollment. Consultants will also notify project staff of all consumers who have had a budget suspension and the dates suspended budgets are reinstated. The project analyst will notify MPR monthly of all dis-enrollments, reasons for dis-enrollment, budget suspensions, and the date of budget reinstatements. This notification of dis-enrollment will occur between months three and twenty-four after project startup.

4. Fiscal Intermediary Data

Project staff will provide a monthly report for the fiscal intermediary identifying consumers who have reached their eighth month of participation, defined as eight months after the date of randomization. The fiscal intermediary will submit to the department a copy of the monthly consumer report detailing use of the budget for each consumer identified. The consumer report includes the following: funds carried forward from previous months, wage expenditures, tax expenditures, home care agency expenditures, independent contractor expenditures, equipment purchases and repair expenditures, cash withdrawals, personal care supplies expenditures and other expenditures, and fiscal intermediary service expenditures. The fiscal intermediary will have expenditure data for participants who are managing their own payroll and tax management responsibilities based on ledger submissions. Ledger submissions will include the balance of funds in dedicated bank accounts. Therefore, the department will provide the eighth month consumer report for all consumers, including the Social Security Administration and Food and Nutrition Services samples, which will relieve MPR and consumers who will assume their own payroll and tax management responsibilities from collecting this information during the nine-month survey. The project analyst will forward this data to MPR at mutually agreed upon intervals between nine and twenty months of the project.

5. Food Stamp Participation Data

The department will forward data to MPR identifying treatment group members residing in households receiving food stamps. We will send this data at the mutually agreed upon

time between months four and sixteen after project startup.

In addition to the five data sources discussed above, the department agrees to collect the “Questions About Participation” data. If consumers are unwilling or unable to complete the “Questions about Participation” questionnaire, consultants will complete the questionnaire after consumers make a decision about participation in the demonstration. The data will be collected for initial enrollment visits which occur between the second and fourth months of the project.

Other primary data collection efforts by Mathematica Policy Research and the University of Maryland will consist of the following:

- Baseline survey- will be conducted with all participants applying to the project prior to their randomization to either the experimental or control group. This survey will be fielded from month one to month twelve of the project. It will be administered by telephone.
- Four-month survey - will be conducted with all experimental group members who have completed the baseline survey. This survey will be fielded from month four to month fifteen. It will be administered by telephone.
- Nine-month follow-up survey - will be conducted with all participants who have completed the baseline survey. This survey will be fielded from month nine to month twenty. The survey will be administered by telephone.
- Survey of informal caregivers - will be conducted with a sample of 2,000 caregivers identified during the baseline survey. This survey will be administered nine months after randomization. The survey will be fielded from month nine to month twenty of project. It will be administered by telephone.
- Consultant survey - will be self-administered with all project consultants. This survey will be completed during month eighteen of the project. Consultant surveys will be mailed to Mathematica Policy Research.
- Qualitative interviews - will be conducted with selected treatment group members, their informal caregivers, paid workers and consultants. These interviews are in-depth, in person interviews. Qualitative interviews will occur roughly two years following project startup.
- Site visit interviews - will be conducted with state program staff and local program operators. The interviews are in person and will occur roughly nine to twelve months after project startup.